

This listing of claims will replace all prior versions, and listings, of claims in the application.

Listing of Claims:

1-30. (Cancelled)

31. (Previously Presented): A method for treating bone comprising:

providing a surgical retractor comprising:

a handle having a longitudinal axis, proximal and distal ends, and a longitudinally elongated outer surface for being held by an operator, wherein the handle defines an enclosed perimeter of an opening;

a first coupling mechanism coupled to the proximal end of the handle, wherein the first coupling mechanism comprises a knob having a threaded axial bore, wherein the knob is disposed within the opening and the knob is rotatable in the opening about the longitudinal axis of the handle; and

a blade member having a proximal end and a distal end, and a threaded coupling element configured and dimensioned to be received in the threaded axial bore of the knob;

a second coupling mechanism disposed on a backside of the handle proximate the proximal end of the handle;

attaching an endoscope to the second coupling mechanism and positioning the endoscope with respect to the blade member for viewing a surgical site;

making an incision in soft tissue and elevating the soft tissue fascia off a bone segment proximate the surgical site;

passing a portion of the blade member through the incision;

retracting the fascia off the bone segment with the blade member to form a cavity;

circumventing at least in part a bone segment with a portion of the blade member;

stabilizing the blade member on the bone segment;

viewing the bone segment through the endoscope; and

performing a surgical procedure proximate the bone segment.

32. (Original): The method of claim 31, further comprising securing the endoscope with respect to the blade member.

33. (Original): The method of claim 31, wherein performing the surgical procedure comprises passing an orthopedic implant through the cavity.
34. (Original): The method of claim 31, further comprising performing a part of the surgical procedure through an aperture of the blade member.
35. (Original): The method of claim 34, wherein performing the surgical procedure comprises passing a surgical tool through an aperture of the blade member.
36. (Previously Presented): The method of claim 35, wherein the tool comprises at least one of the group consisting of a drill, a burr, a syringe and a cannula.
37. (Canceled)
38. (Canceled)
39. (Canceled)
40. (Original): The method of claim 34, wherein performing the surgical procedure comprises passing an orthopedic implant through the aperture.
41. (Previously Presented): The method of claim 40, wherein the implant comprises at least one of the group consisting of a bone fastener, a screw and a bone void filler material.
42. (Canceled)
43. (Canceled)
44. (Original): The method of claim 31, wherein performing the surgical procedure comprises securing an orthopedic implant to the bone segment.
45. (Original): The method of claim 44, wherein performing the surgical procedure comprises fixating a fracture proximate the bone segment.
46. (Original): The method of claim 45, wherein the bone segment comprises a condylar neck.

47. (Original): The method of claim 44, wherein performing the surgical procedure comprises performing an orthognathic procedure.

48. (Original): The method of claim 44, wherein performing the surgical procedure comprises a condylar grafting procedure.

49. (Original): The method of claim 48, wherein the bone segment comprises a ramus.

50. (Original): The method of claim 48, wherein the bone segment comprises a condylar neck.

51. (Canceled)

52. (Previously Presented): A surgical retractor comprising:

- a handle elongate along a longitudinal axis, the handle having a proximal end, a distal end, and an opening;

- a first coupling mechanism coupled to the proximal end of the handle, wherein the first coupling mechanism comprises a knob having a bore, wherein the knob is rotatable about the longitudinal axis;

- a second coupling mechanism disposed on a backside of the handle proximate the proximal end of the handle, the second coupling mechanism having a through-hole and at least a portion which is axially moveable within the opening of the handle, wherein the through-hole of the second coupling mechanism is sized and configured to receive a surgical instrument; and

- a blade member having a proximal end, a distal end, and a coupling element disposed proximate the proximal end of the blade member, wherein the coupling element is configured and dimensioned to be received in the bore of the knob, such that rotation of the knob in a first direction causes the coupling element to advance into the bore of the knob;

- wherein the coupling element of the blade member is configured and dimensioned to connect with the first coupling mechanism regardless of whether the surgical instrument is received in the through-hole of the second coupling mechanism, and the surgical instrument can be received in the through-hole of the second coupling mechanism regardless of whether the blade member is connected with the first coupling mechanism.

53. (Previously Presented): The retractor of claim 52, wherein the surgical instrument is an endoscope.

54. (Previously Presented): The retractor of claim 52, wherein the second coupling mechanism comprises a clamping member telescopically received within the handle.

55. (Previously Presented): The retractor of claim 54, wherein the clamping member is not in contact with the handle.

56. (Previously Presented): The retractor of claim 55, wherein the clamping member contacts a second member.

57. (Previously Presented): The retractor of claim 56, wherein the second member contacts the handle.

58. (Previously Presented): The retractor of claim 56, wherein the clamping member and the second member are operatively associated with each other to fix the surgical instrument with respect to the handle.

59. (Previously Presented): The retractor of claim 58, wherein the clamping member comprises a surface that defines a portion of the through-hole, the surface being adapted to receive a portion of the surgical instrument, and also adapted to clamp at least a portion of the surgical instrument to the second member.

60-63. (Cancelled)

64. (Previously Presented) The method of claim 31, wherein the blade member becomes detached from the handle when the coupling element is not received in the bore of the knob.

65. (Previously Presented): The method of claim 31, wherein the retractor further comprises a second coupling mechanism located on the handle for coupling the endoscope to the handle.

66. (Currently Amended): A surgical retractor, comprising:

a handle elongate along a longitudinal axis, proximal and distal ends, and a longitudinally elongate outer surface for being held by an operator;

a first coupling mechanism coupled to the proximal end of the handle, wherein the first coupling mechanism comprises a knob having a bore, wherein at least a portion of the knob is disposed within the handle, and wherein the knob is rotatable about the longitudinal axis of the handle; and

a blade member external to the handle, the blade member having a proximal end and a distal end, and

(i) a coupling element extending from the proximal end in a direction angularly offset with respect to the blade member, wherein the coupling element is configured and dimensioned to be received in the bore of the knob such that the blade member extends in a direction that is angularly offset with respect to the longitudinal axis of the handle, and (ii) rotation of the knob in a first direction causes the coupling element to advance into the bore of the knob.

67. (Previously Presented): The retractor of claim 66, further comprising a second coupling mechanism located on the handle for coupling a second surgical instrument to the handle.

68. (Previously Presented) The retractor of claim 66, wherein the coupling element extends substantially perpendicular with respect to the blade member, and the blade member extends substantially perpendicular with respect to the longitudinal axis of the handle when the coupling element is received in the bore of the knob.